

and third stage of morbus coxarius, for instance, have no permanent effect whatever, upon the individual vertebral bodies, the long duration of the deformity notwithstanding, their unimpaired elasticity, being efficient protection. Unfortunately, the otherwise highly instructive investigations of Lorinser in incipient scoliosis, have not been directed upon that point so as to establish the loss of elasticity as the primitive condition beyond further dispute. Yet the facts, elicited by that author, leave scarcely a reasonable doubt as to the elasticity of the vertebral bodies and inter-vertebral disks being materially infringed, inasmuch as he found their shape altered, and their structure impregnated with serum. Beyond the meritorious labors of Lorinser, the stock of our pathological knowledge of the primary changes in scoliosis is rather scanty. The opportunities for post-mortem examinations in the early stage of the trouble are indeed rare. For the deformity steals upon the patient in an insidious manner. It grows slowly, and affords time to the vital organs in accommodating themselves to the altered form of the skeleton. Their functions become but indifferently impeded. The general health suffers but little or not at all, and the patients attain mostly a fair duration of life. We have not become cognizant of a single death induced by scoliosis. And, but in one case we found the diameters of the heart so much diminished as to affect materially the respiration. The pathologist sees, therefore, only the final anatomical results of scoliosis, and not the initiatory and progressive changes of the spine. With the former we shall now occupy your attention. The diagram before you, (Fig. 61), will give a general impression of the disfigurement of the skeleton, in advanced lateral curvature. The height of the trunk is of course diminished in proportion to the deviation, and the extremities appear comparatively too long. At a glance, you notice the alteration of the thorax, which seems to be

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ORIGINAL DEPARTMENT.

LECTURES.

[For the Medical and Surgical Reporter.]

LECTURES ON ORTHOPÆDIC SURGERY.

Delivered at the Brooklyn Medical and Surgical Institute.

By LOUIS BAUER, M.D., M.R.C.S., Eng.,
Professor of Anatomy and Clinical Surgery, etc.,

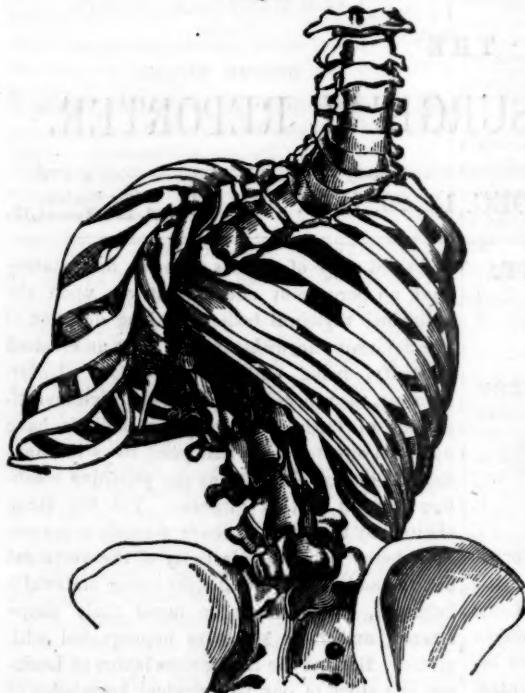
[Continued from Vol. VIII., p. 521.]

Pathological Anatomy of Scoliosis.

Gentlemen:—Some experiments of Bonnet and Pommiers upon the spine, demonstrate in the most direct manner the great elasticity of the vertebral bodies. In flexing the spinal column forcibly, they noticed that the venæ azygos became unusually distended and that on straightening it, those veins collapsed. Since the inter-vertebral fibro-cartilages possess scarcely any vascularity at all, it is to be inferred that the venous blood was derived from the vertebral bodies which, indeed, have a considerable complement of veins, acting as emissaries between those of the spinal dura mater, and the venæ azygos. Being, however, imbedded in, and protected by the cancellated structure of the vertebral bodies, consequently in a situation where no direct compression can affect the veins, it follows conclusively, that they are simultaneously compressed and relieved with the bodies. These observations are very important for the subject under discussion, and they are well calculated to throw some light upon the proximate cause of scoliosis. For it is self-evident, that as long as the elasticity of the principal constituents of the spine remain intact, there is no physical possibility of the latter becoming permanently deformed, and that gradual loss of that elasticity is simultaneous with the gradual development of deviation from the perpendicular. Hence, we find that static deviations of the spine from declivity of the pelvis existing in the second

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Fig. 61.



turned on its longitudinal axis, the convex side of the deformity receding, whereas, the concave side is pushed forward. In looking vertically down upon such a skeleton, the thorax is seen to be compressed in one diagonal direction, whilst in the other, the distance is materially enhanced. You notice this state in the various plaster casts we have placed before you, and you will find that the difference in the diagonal diameters of the thorax grows with the degree of the deformity. The points of measurement are the nipple on one side, and the apex of the scapula on the other. When considering the details of the curvature we shall have no difficulty to comprehend the mechanism of the morbid form.

In both diagram and casts, a deep and angular impression can be perceived immediately above the ilium at the opposite side of the dorsal curvature, giving an appearance as if the innominate bone had been pushed upward. Rokitanski* holds, that that side of the pelvis stands *actually* higher. We believe this to be an error. For if it was so, limping of the patient would be inevitable, of which we have not seen a single in-

stance. The fact is, that the false ribs of that side approximate the ilium closely, sometimes overlapping on the inside. If you place the patient in the erect or recumbent posture, you will find the anterior superior processes of both ilia, the larger trochanters, the patellæ and the malleoli in corresponding position, precluding obliquity of the pelvis.

The same author speaks likewise of a distortion of the pelvis, caused by the twisting of the os sacrum. Merkel has never observed it. If the pelvis is thus altered in its symmetry, it is certainly of no great account, since parturition is scarcely ever impeded. All we have observed in this respect, is a moderate projection of the promontory, scarcely enough, however, to diminish in a material degree the superior aperture of the true pelvis.

In most cases of scoliosis there is, besides the lateral deviation of the spinal column, a torsion of the same, to the effect that the vertebral bodies are turned toward the convexity, and the spinous process toward the concavity of the curvature. The torsion is greatest at the most prominent part of the deformity, and diminishes in reverse ratio toward the beginning of the arch. In analyzing the details of the curvature, we notice:

1. That all the vertebral bodies implicated in the deformity have lost in height at the incurvation which gives them a wedge-like shape. The alteration of their form corresponds with the degree of the curvature. In very aggravated cases, the superior margin almost reaches the inferior one. In cases not so far advanced, the body recedes between the two projecting margins, clearly proving, that the superincumbent compression is the cause of alteration of the shape.

- 2d. A similar deformity of the inter-vertebral fibro-cartilages, which at the concave side becomes so lowered that the vertebral bodies touch each other, and become faucetted by friction, (*usor.*) In such cases osteophytes spring up immovably connecting the respective vertebral bodies. The cause of these osteophytes is to be ascribed to the *usor.* and perhaps likewise to the

* Lehrbuch der Pathologischen Anatomie, Band 2, p. 170.

unavoidable irritation of the adjoining periosteum.

3d. The oblique processes at the concavity atrophied, sometimes elongated and flattened, not rarely ankylosed.

4th. The ribs at the concavity flattened like a band, and strongly bent forward at their angle with diminished arches. Their deformity is sometimes so great as not only to diminish the convexity of the thorax, but even to cause a caving in. Not rarely they are ankylosed with the vertebral bodies and transverse processes. Moreover, they not only approximate *each other*, but also the ilium. The ribs at the convex side are more angular and narrower than their normal form implies. In following the torsion of the spine and strongly bending at their arch, a considerable projection is thereby produced, that lifts off and upward the scapula, together with which they form a lateral hunchback, not to be concealed by any mode of dressing or wadding. In contrast with the other side, the ribs separate more from each other, which widens the space within the right side of the chest.

5th. The sternum being drawn at its lower end downward and toward the left, partly out of the median line.

6th. The dorsal muscles in a state of fatty degeneration, soft and pale, their insertions drawn under at the convex side and *vice versa*.

Most usually there is a double curvature, one comprising the dorsal, the other the lumbar vertebrae; in some instances, we find but one large curvature; in others three and even four. In the latter case, the cervical vertebrae are implicated. As yet it has not been clearly ascertained which of the curvatures is the primary and which the consecutive deformity. Most likely the difference of causes produces in one instance the lumbar deformity primarily, and *vice versa*. The consecutive curvature is known by the term of the compensating deformity. When the double curvature is properly compensated by each other, the shoulders occupy the same position, whereas in single curvature, the shoulder at the convex side stands higher. As already remarked on a previous occasion, the dorsal curvature is with few exceptions constantly toward the right, and the lumbar toward the left. The cause of this regularity cannot be ascertained on the subject. That the aorta follows the course of the deformed spine is self-evident.

COMMUNICATIONS.

[For the Medical and Surgical Reporter.]

ROUGH NOTES

Of an Army Surgeon's experience during the Great Rebellion.

BY J. THEODORE CALHOUN,
Surgeon, 5th Regiment, Excelsior Brigade, N. Y. V.

No. 8.

THE BATTLE OF WILLIAMSBURG.—Continued.

Let the reader imagine then, if he can, the position of the medical officers, on that memorable day. A cold drenching unintermittent rain poured down upon them, as they stood ankle-deep in mud. Added to this was the hail of all the frightful missiles known to modern warfare, while the earth almost trembled with the thunders of artillery or the roar of musketry, and the dense Virginia pine woods echoed and re-echoed to the shriek of shell, the whiz of shot, the crash of falling timber, the mournful cadence of the minnie, and the shouts of the combatants.

In such a position, let the reader imagine himself, surrounded by one hundred and forty-five, of those with whom he had been associated for six months past, and those one hundred and forty-five killed, wounded, torn, and mangled in every conceivable manner; he will then find himself in the position the writer was on the afternoon of the battle described.

It is a scene which no pen or pencil can picture,—once passed through, never to be forgotten. Yet amid such scenes, the Surgeon is expected to remain cool, calm and collected. His professional knowledge must, literally, be at the tip of fingers. He will be held rigidly accountable by his regiment for every error in diagnosis,—every hasty or inconsiderate prognosis. It is a responsibility any timid man may well seek to avoid.

But here let me, in the cause of science and truth, disabuse the mind of the reader of some erroneous ideas inculcated by romantic correspondents. "The shrieks of the wounded, and the groans of the dying," so poetically dwelt upon are decidedly mythical. All wounded men unite in declaring that they suffer little or no pain, for the first twenty-four hours. The sensation when struck by a ball is that of a quick, heavy blow. When being transferred to or from ambulances or stretchers, more or less pain is produced, and then the patient makes an amount of noise corresponding to the nature of his wound, his sensibility to pain and his inherent "pluck."

The wounded lie quiet,—their only solicitude being to get to the rear and to get a drink of water. They do not groan or shriek, unless moved or interfered with in some way.

Again, it is rare to see much haemorrhage upon battle-fields. The immense majority of wounds, are inflicted by missiles which tear, crush or lacerate. It is seldom, then, that there is much bleeding. Recalling the dozen battle-fields and innumerable skirmishes I have witnessed, I can remember of seeing but one solitary case (except during operations) in which a tourniquet was necessary to restrain haemorrhage, and even in that case its application was of doubtful expediency. In common with my regimental surgeons, I instructed my hospital attendants and the men themselves in the art of temporarily arresting haemorrhage and kept all my hospital attendants, provided with tourniquets, but experience demonstrated their uselessness upon the field and their indiscriminate application, as was too often common (from an excess of zeal on the part of hospital attendants), has, I am convinced, not unfrequently been productive of mischief. I have often seen a tourniquet applied on the wrong side of the wound by nervous or unskilled men, and I have been credibly informed, that in one of the seven days battles, a tourniquet was most skilfully applied for a wound in the neck, between the wound and the heart; but greatly to the patient's *discomfort!* Not long since the Legislature of New Hampshire, actuated by the best of motives, but laboring under a false idea, furnished each of the regiments from that State with 250 tourniquets. If the regimental surgeons had been consulted, the State would have been saved this useless expense.

But to return to the battle,—night came upon us, just as victory perched upon our banners. The enemy however still remained in possession of some parts of the field, and there was every promise of a renewal of the action on the morrow. To show how close the enemy were to us, I need only mention that a North Carolina lieutenant was made prisoner but a short distance from our hospitals. Large fires were built, but it was with difficulty that they could be kept burning in such a rain. When morning dawned, the enemy had retreated, and the whole force of the uninjured men were now set to work caring for the injured. The dead were buried, the wounded all brought in, fed and cared for.

This battle served to prove what had all along been known, viz.: that we were lamentably deficient in ambulances, and those we had were of the wrong pattern. And here let me say a word upon the subject of ambulances, a subject upon which most of the daily papers have written long "leaders," which merely served to show their entire ignorance of the whole matter.

The allowance of ambulances by the army regulations at the commencement of this war, was for each regiment, "two four-wheeled ambulances, ten two-wheeled ambulances and four two-wheeled transport carts," or transportation for about 40 or 50 men. This is ample for any regiment, but unfortunately the quartermaster's department, by which transportation is furnished, did not give to any regiment, at least in our brigade, anything like this number. When stationed in Maryland, my regiment had one two-wheeled ambulance. This was, as could have been expected, soon wrecked on those mud-stricken roads, and until *after* the battle of Williamsburg, we were entirely destitute.

It was no fault of the medical department, although these sapient city editors, always put the fault upon the poor doctors. Since then a change has been made and an abundance of ambulances is supplied, if properly used. The old two-wheeled ambulance has been discarded. It certainly was the most miserably contrived specimen of a vehicle to carry wounded men in, that could well have been imagined, and to add to its ill-contrivance, many of them were so carelessly made, that they broke down on the first bit of bad road. I have frequently known sick men to walk in preference to riding in them, and I certainly do not wonder at such a determination. These two-wheeled abominations, (or "avalanches" as the men called them) have been succeeded by two-horse four-wheeled light spring wagons, and when well made they answer the purpose admirably. Each regiment is furnished with two two-horse and one four-horse ambulance, and a system has been arranged by which these ambulances are in charge of an ambulance corps, consisting of six men and a sergeant to each regiment, one second lieutenant for each brigade, one first lieutenant for each division, and one captain for each corps. Each ambulance carries two stretchers. At Williamsburg we made stretchers out of shelter tents or blankets, and poles cut from the woods, or cast away muskets.

There are some admirable points about the

present ambulance system; but in one respect it certainly is deficient. The lieutenants in charge, are taken from the ranks. They soon get inflated with what they imagine is their own self-importance, and seem to think that they are entirely independent of the medical officer, and that the ambulances instead of being for the sick and wounded, are for their own convenience. The ambulances of each regiment should be *under the control of the regimental surgeon*, and the sergeants in charge, should be under his order, and he should be held responsible for their proper use. I have within the past month (November) seen sick and wounded men suffer, not because Government had not provided proper ambulances, but because of the thick-headed stupidity of the brigade ambulance officer.

The horse litters or mule ambulances which are so arranged as to carry one man on each side of a mule, would have answered an admirable purpose at Williamsburg, where there was but one road and that almost impassable for teams. I have seen them used to excellent advantage.

I have little or no faith in the proposed plan of enlisting an ambulance corps. A corps so enlisted will consist mostly of men, who, to avoid the draft, hope to get in the army in some position, where they will not get shot at. They will find when too late, that they have been mistaken in their calculations and will naturally shirk duty. Again, bad men will enlist for the opportunity it will afford them of picking pockets and plundering. That those engaged in the undertaking *think* they are right and mean well, I have no doubt, but I shall be surprised if the evil they seek to remedy is not increased. I am not alone in this opinion.

Let the ambulance corps from lieutenant to private, understand that they are but assistants to the medical staff, and that the ambulances are for the wounded and sick, instead of for the convenience of the corps and the present corps will answer every purpose, and there will be no cause for complaint. The medical staff of the army have been very unjustly blamed for inattention to the wounded, when every exertion within a man's capabilities has been made in behalf of the suffering; yet flippant newspaper reporters or well-meaning but heedless clergymen, single out isolated cases of suffering and harrow the feelings of the people of the North with a narration of them, inculcating the belief that such are the rule, when they are but the exception.

A sufficient refutation of these stories, is the fact that the soldiers of the army,—those who fight the battles, and not those who fill our Northern cities, on the pretence of sickness or wounds—laugh most heartily at them. The people of the North may rest assured, that as a rule the wounded have been well and promptly attended to, and that in proportion as transportation is furnished, so will the wounded be cared for.

It has been suggested to employ contrabands as an ambulance corps, but I do not know as they have ever yet been so employed, although were they procurable in sufficient numbers it might be well to try them.

[To be continued.]

GENERAL REMARKS ON THE DIAGNOSIS AND PROGNOSIS OF PUL- MONARY TUBERCULOSIS.

BY A. P. DUTCHER, M. D.

Of Enon Valley, Lawrence County, Pennsylvania.

PART SECOND.

In a disease which has uniformly proved so destructive to the human race, as pulmonary tuberculosis, it will, as a matter of course, be supposed that the prognosis will be unfavorable. The disease, however, does not always prove fatal; for it has been clearly shown by pathological research, that it has been cured by a natural process, and every physician of extensive experience, has met with individuals who have had all the symptoms and physical signs of the disease, and not unfrequently in an advanced stage, who finally recovered, and afterward enjoyed good health. I could cite several cases of this kind, that have fallen under my own notice. But it should be observed, that these patients as a general thing do not always regain quite their former health and physical power; they are apt to have pain in the chest, cough a little at times, and experience a little dyspnoea on taking brisk exercise. But they are commonly able to attend to the ordinary duties of every-day life.

After the existence of phthisis has been clearly made out by the physical signs, the prognosis is to be formed principally through the general symptoms. The extent of the pulmonary lesion may, indeed, only be determined by the physical signs, the dullness on percussion, prolonged expiratory murmuring, clicking, the cracked metal-sound, and other signs of tubercular disorganization, whether they are confined to a small, or

extend over a considerable portion of both lungs; and in the latter case, the rapid progress of the disease to a fatal termination may be at once reasonably inferred. But where, as is often the case, the physical signs establish the presence of the disease rather than its extent, we must refer to the state of the general health, to determine the probable time during which the constitutional strength may struggle against the disease, and the chance, if there be any, that it may get rid of it.

When there is very much cough and considerable difficulty in breathing, with copious purulent expectoration, the pulse continually over one hundred beats per minute, with night sweats and diarrhoea, the loss of strength and flesh considerable and progressive, very little, if any hope can be entertained with regard to a favorable termination of the disease, and it will probably end in a short time. In some cases that I have seen, where there was great difficulty in breathing, from almost the very commencement of the malady, death took place before the emaciation became extreme, and this is generally the case in acute forms of the disease, where the fatal termination is caused by pneumonia or haemorrhage of the lungs, occurring as the result of the tuberculous injury. In such instances, the feet, face, and other parts sometimes become œdematosus before death. But in those cases where the progress of the disorder is not so rapid, the emaciation is very great. In the very last stage of the disease, the expectoration is frequently changed to a dark dirty green or porraceous, surrounded by a pinkish halo. This is a most fatal sign of phthisis. When this kind of expectoration makes its appearance, death will occur in a few days. Shortly before death the expectoration is sometimes altogether suppressed.

In some of the more prolonged cases, the progress of pulmonary tuberculosis is nearly very uniform; it is at first characterized by a series of attacks of increased symptoms, with temporary amends between them. This is generally referred to the weather, or increased exertions, and under favorable circumstances may be checked. Thus, individuals frequently pass years, losing ground in winter and spring, and rallying during the summer, until, at length, they gradually sink into the grave. In some cases the improvement is more decided and lasting; the fever abates; the pulse loses its frequency; the cough subsides; the expectoration

becomes mucous and ceases; the local physical signs are diminished, and the vesicular respiration in a measure restored; and in some instances the disease appears to be entirely removed. If there is a strong hereditary predisposition to the disease, the prognosis is always unfavorable.

"The general impression," say, Dr. Swett, "in the medical profession is, that a patient with phthisis is doomed to death. If those cases only are considered in which the disease is strongly marked, and so advanced in its progress that the diagnosis is easy, this opinion is, on the whole, well founded; yet under even these circumstances unexpected recoveries take place. I shall never entirely despair of the life of a patient with phthisis, when I recollect what I once witnessed in this Hospital, (New York.) A patient was admitted with phthisis. The disease was perfectly well characterized, and in its most advanced stages; a large and well marked abscess existed under the right clavicle. Indeed, the signs of the lesion were so distinct, that I was in the habit of calling the attention of the students in attendance to them, as perfect in their character. On one occasion, as I approached the bed for this purpose, I found the patient, who had been gradually sinking, in such a state of exhaustion, that it seemed to be improper to disturb him.

"He was bolstered up in bed, with his head falling upon his shoulder, breathing with great difficulty, bathed in perspiration, and with a rapid, feeble pulse. He looked like a dying man. The next day, my attendance ceased, and after two months, was again commenced. On entering the ward, the house physician called my attention to a man, dressed, walking about the ward, apparently stout and well, although somewhat pale. He asked me if I recognized the man. I did not. To my great astonishment, I found that it was the very case of phthisis I had left two months before, apparently dying. The astonishing improvement had not, however, as yet, resulted in perfect recovery. There was still some cough, the pulse was somewhat accelerated, and the countenance not entirely healthy. The physical signs still existed under the right clavicle, but were much less marked than before. The patient congratulated himself on his restoration; but I by no means intend to present the case to you in this light. His improvement was astonishing, but he was not entirely cured. If nature was not interrupted in her efforts, he probably regained a tolerable degree of health, so that he may have returned to his usual pursuits. But perhaps a new deposit of tubercles may have taken place in the lungs which did not terminate so successfully."

I cannot conclude my remarks under this head, without expressing the belief, that the idea so generally entertained in respect to the incurability of pulmonary tuberculosis, is principally owing to the fact that the disease is not recog-

nized until it has advanced nearly to the last stage, when there is no remedy. And yet I am free to say, that there is scarcely a disease, which by one practiced in the use of the stethoscope and percussion, can be more easily detected in its earlier stages than this,—dullness on percussion just under the clavicle, prolonged expiratory murmur on auscultation, with the gingival margin, together with the well-known general symptoms, leaving little room for doubt as to the nature of the malady. Now and then there may be a case, the symptoms of which are so obscure, that they cannot be decided with any degree of certainty. Yet, if physicians generally would only accustom themselves to detect the signs just mentioned, and use faithfully those means which recent experience has found so useful, phthisis, would, in a great measure, be disarmed of its terrors, and thousands would be cured who sink into a premature grave.

TOXICOLOGY.

BY GERARD ARINK, M. D.

Of Rochester, N. Y.

(Continued from Vol. VIII., p. 253.)

IODIUM.

This metalloid is manufactured in the chemical laboratories of England and France, from a kind of soda commonly called varec, which after being mixed with sulphuric acid and manganeseia, is distilled.

The iodium of commerce is shaped like scales, of a black color, with a polish on them resembling that of stove-blacking.

The smell is peculiar, resembling chlorine.

It colors pure cold water very slightly giving it a yellowish-brown tinge, the reason being that it is almost insoluble in cold water. But a large portion will dissolve in alcohol; ten parts of alcohol will dissolve one part of iodium, which tincture is of a reddish-brown color. It dissolves also, easily, in ether.

Iodium does not take rank among the most deadly poisons, although decidedly a poison; and since its use as a medicine is so much in vogue at the present day, it may be well to consider if its free, and too often, careless administration by unskillful practitioners, may not be injurious to health, if not destructive to life. Iodium acts as a poison, when large doses are taken at once; or when smaller quantities are taken for a long time continuously. The same may be said of tinctura iodii, or ioduretum potassae.

Accidental poisoning by means of iodium has been known to occur through the use of kitchen salt which had become impregnated with ioduretum sodii, or potassii; also by the eating of meat, or drinking milk of animals treated with iodium preparations. Dr. Sewald and others, have sufficiently proved that iodium is absorbed into the blood and eliminated in the milk of animals; they have also ascertained its presence in the flesh of animals, rendering it unwholesome, because poisonous, as a diet.

Symptoms.—Acute iodium poisoning is of a gastro-enteritic character. Peculiarly characteristic of this poisoning, is the vomiting of a yellowish brown-colored matter, smelling like chlorine; also depressing headache, coryza, conjunctivitis, with continued and troublesome running of water from the eyes.

Analysis.—A very small quantity of iodium colors a decoction of amyrum, a beautiful blue or violet; increase the quantity of iodium and the color becomes darker. Any matter in which the presence of iodium is suspected must be macerated in alcohol, filtered, and then added to a liquid solution of starch (amylacia cocta); if iodium be present, a blue color will be produced.

For the test of ioduretum potassae, there must be added to the solution of starch, first a little acidum nitricum, chlorium, or acidum sulphuricum, either of which decomposes the solution of iodium-calum, so that the iodium is set free, leaving in the case of the first application, nitrate of potash; in the second, chlorate of potash; and in the third, sulphate of potash; while the decoction of starch is set at liberty to act as a reagent upon the iodium.

Treatment.—Sugar is to be found in every family rich or poor, in this country, thus an antidote for iodium is always at hand. Let it be given dissolved in cold water, and drank freely of in the first instance; meantime, let porridge of flour, sago, or arrowroot be prepared and administered in large quantity.

After this treatment there may still remain symptoms of gastro-enteritis. The treatment then should be antiphlogistic, such as leeches, clysma of amylacia cocta et opii; and the following: Emulsio Amygdaline.

R. Amygdal. dulc. decoct., unciam unam,

Emulge ad colat uncias octo; adde,

Pulvis gummosi, drachmas tres,

Syrupi opati, uncias duas. Misce detur.

S. One table-spoonful every hour.

NITRAS ARGENTI.

There are in medical use two kinds of silver oxide,

1st. *Argentum nitricum crystallisatum* (AgO , N_2O_5 , Pharm. Neerl.) which is made from pure silver dissolved in pure nitric acid, diluted with two parts water. When the solution is saturated, so that it cannot contain more silver, it is evaporated by a moderate heat, and when cold, crystals are found. They are quadrangular or hexagonal in form, clear and transparent, the taste is nauseous, bitter and metallic. The atmosphere has no effect on them, but on being exposed to the sunlight, they soon turn black. These crystals dissolve in their equal weight of distilled water, hot water dissolves them more freely. They are also soluble in alcohol.

2d. *Nitras Argenticus Fuscus*.—The above-named crystals are melted in a porcelain crucible, over an alcohol lamp, and then poured into a brass mould having the form of cylinders; thus are obtained the pencil-shaped sticks popularly known as the nitrate of silver. They are of an ash-color if kept in the dark, but exposure to the light changes them black. Nitrate of silver will not dissolve entirely, in water, but leaves a small quantity in the shape of a black sediment, which soon dissolves if a little nitric acid be added.

Since the use of this metallic salt has become so common in medical practice, there is danger to be apprehended from its abuse in the hands of the careless practitioner. For instance, it has obtained some renown as a remedy in idiopathic epilepsy, in which disease its long-continued use has resulted in symptoms of intoxication. In cases of throat disease, when nitrate of silver is used for the cauterization of the tonsils or uvula, there is always more or less danger that it may become separated from the holder and so falling into the oesophagus be conveyed into the stomach and produce its dangerous effects as a poison.

Symptoms.—These are similar to those produced by other corrosive metals, with one marked peculiarity, viz.: peculiar blue spots on the skin. We have seen a gentleman who was entirely blue over his whole body, rendered so by the immoderate use of nitrate of silver. His face and hands were of a livid appearance; he went by the name of "the blue man."

The best re-agent for nitrate of silver is aqua chlorata, or the solution of chloretum nitricum depuratum, (purified kitchen salt,) which makes,

when added to a nitrate of silver solution, a white milky looking precipitate, which is insoluble in diluted acid, but upon adding to it ammonia liquida, dissolves readily.

Antidotes.—The best antidotes are, a solution of kitchen salt, or sea-water, albumen, (white of eggs,) and other albuminosa. Further treatment, prorenata.

[To be continued.]

A SELECTION OF REMARKABLE CASES OCCURRING IN A PRACTICE OF EIGHTEEN YEARS.

By E. N. CHAPMAN, M. D.

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POLYPS UTERI.

On the 13th of August, 1855, I was called to see Mrs. D—, a young English woman, twenty years of age, who had been married for four months. Her marriage took place during menstruation, and, at that time, her illness commenced. Hitherto she had always, in a remarkable degree, enjoyed good health; and rarely, in her life, taken medicine of any kind.

I found that she was feverish, and suffering from nausea, and a feeling of oppression at the stomach; and that the menses, present two out of the four weeks, were attended with a profuse, exhaustive flow and great pain, similar to that from dysmenorrhœa.

Our first impression was that the uterine discharge was due to the impeded circulation in the vena portæ, which occasioned a congestive condition of the other abdominal viscera; and that a speedy relief from this complication would follow a proper attention to and cure of the hepatic derangement. On this assumption she was treated with mercurials, until a slight constitutional effect was evinced, by the tenderness of her gums; when gradually, the yellowness of the skin disappeared, the hepatic secretion became natural, and the digestive organs regained their natural condition. Nevertheless, a hidden cause of irritation remained undiscovered, as was manifest from the profound implication of the nerve-centres, and the rapidity of the pulse; which, throughout her sickness, remained constantly above 100 per minute, and from augmented sufferings, many times, rose to 130. The uterine symptoms were not relieved, but rather increased and intensified. These were a profuse haemorrhage, attended with pain of a

grinding cutting character, that was agonizing, very persistent, and with difficulty subdued, unless by large doses of anodynes; and an elastic tenseness and acute tenderness in the region of the left ovary, extending somewhat above the pubic bones, but not to other portions of the abdomen. On tactile examination by the vagina and rectum nothing could be discovered that afforded a single ray of light in the darkness surrounding the disease. The peculiarity of the pain experienced by the patient indicated, that the womb contained a formation of some kind, which was constantly inciting it to contract for its expulsion; though the fibrinous coagula, that appeared to be constantly forming, yet only occasionally expelled, whenever the suffering was most severe, seemed sufficiently to account for it, without assuming the presence of a polypus, which I was unable to detect.

In the treatment hitherto followed, we had, unwittingly, confounded cause and effect; and directed our efforts to the removal of a result rather than the source of the disease. The jaundice, as at this stage seemed clear, must have been symptomatic of irritation in the generative organs; yet, after narrowing down the range of our investigations to so small a circle, the great difficulty lay in the fact, that it was impossible to fix, with certainty, upon the exact structure implicated, or the morbid changes that had and were now taking place. In our doubts, from the difficulty of otherwise solving the significance of the symptoms, and the apparent lack of other causation; we now adopted the view, that there existed an inflammation of the left ovary and treated the case for two and a half weeks with diaphoretics, anodynes, fomentations, leeches and blisters with no better result than at first.

Dr. E. J. Tilt (*Diseases of Menstruation and Ovarian Inflammation*) maintains, from clinical experience, that the ovaries bestow, exclusively, on women her special organization; that all disorders, peculiar to her, originate, sympathetically, from this source; that the uterus is merely a receptacle provided for the sojourn of the foetus for a limited period; that the uterus is wanting, entirely, in those vital relations and extensive sympathies universally attributed to it; and that its diseases are simply results of ovaritis, only curable by attacking the primary disease.

These doctrines of Dr. Tilt, I would remark,

en passant, have not been confirmed by my experience in later years, although it has been somewhat extended; and I should say that, in my opinion at least, uterine disease rarely owes its origin to this source.

The patient had now been under my charge for more than six weeks; during which time the uterine symptoms—a more abundant flow, severer pelvic pains, greater tenderness, hardness and swelling above the upper rim of the pelvis—had, gradually, become more urgent. The catamenia invariably appeared on the day for their recurrence, at first natural, fluid, moderate in quantity, and attended with little or no pain for two or three days; then gradually they became hemorrhagic, very profuse, clotted and accompanied with pains resembling, exactly, the throes of labor. The discharge, remaining thus at its height for several days, would slowly subside and eventually cease; when an interval of three or four days would follow, in which there would be almost a complete immunity from suffering; and slight evidences of a fixed disorder, excepting the inroads made on the constitution, observable on such occasions, most palpably. The patient would express herself as feeling almost well; and, frequently, would be up, and attempt to do some light work; but yet, her pulse, as before mentioned, was uniformly hard, cedred and above 100 per minute.

As, on repeated examinations by the touch, nothing was discoverable to aid me in solving the mystery enveloping the case; I succeeded, after much hesitation and delay on the part of the patient, in gaining her assent to the employment of the speculum. Her scruples were only overcome after enduring two periods of fearful drainage, that produced great exhaustion, and placed her life in imminent peril. This means of investigation, however, afforded no additional information, and only revealed a puffy state of the neck, and a patulous condition of the mouth of the womb. No morbid growth could be seen, and by using the sound, none could be discovered in the uterine cavity. At this result, I felt much disappointment; since, at this stage, the peculiarity of the symptoms indicated the presence of a polypus; and I was forced to conclude that it was too small, if it had an existence, to be perceptible. Reviewing the whole history of the case, it seemed highly probable that there was an inflammatory state of the lining membrane of the uterus; since, several times, on

using the speculum, a small fibrinous clot was expelled into its cavity. Any way, without feeling over confident in this new supposition, I resolved to make another attempt for her relief, knowing that if a polypus was forming I should be obliged to wait for its development.

Once or twice, during the inter-menstrual period, I introduced into the cavity of the uterus, by means of a bit of sponge attached to a whale bone, a strong solution of lunar caustic. During the flow, cold water was used externally, and by the rectum; and, whenever the pain was excessive, anodynes were given. Every effort was made by tonics, stimulants and a nutritious diet to add tone to her nervous system and the elements of nutrition to her blood; both of which had been exhausted by the continuance and severity of the hemorrhage. This course was followed with slight variation to the 18th of February, 1856, when the patient moving to New York, passed from my hands.

There was the most marked improvement in all her symptoms; in her general appearance and strength; in the discharge which was fluid, and scarcely one quarter of its former amount; in the pain which was more of a weakness and uneasiness than an expulsive effort, and in the relief from the flow which, progressively shortening in its continuance had been absent for 8 to 12 days at a time. It appeared to me then,—an opinion which I am still disposed to hold,—that endometritis existed from the first; and that a plan of medication to subdue the inflammation would have successfully met the hemorrhage, and prevented the formation of a polypus; which eventually arising on this inflamed base gradually monopolized the nervous and vascular supply of the part, and thus cured the original disease by the simple process of one supplanting another.

As, on removing to New York, the patient became worse again in two or three months, her husband, by the advice of friends, was induced to try the *other system*—so-called—of medicine. A gentleman versed in the sibylline books, and oracular in this modern mystery, so vauntingly proclaimed, as though it possessed a talismanic potency which would attain results, as by magic, by inconceivable, material agencies, was called to administer to her necessities. He, with an infinite faith in his infinite attenuations, nothing doubting, assailed the enemy boldly by heavy and continuous discharges from his lilliputian

artillery. Incredible to relate, this system—that never fails and which, with a fair start and a clear field, can conquer the great Conqueror of all flesh—now, for a reason not very apparent, receives a check; nay, I may say, is discomfited. Nothing daunted, however, other wise men are summoned in counsel, one after another, until five, learned in the divisibility of matter, and in the interpretation of the inarticulate mutterings of the *Anima* or *Archæus* inhabiting the body, united their wisdom in a grand sum total, and simultaneously made fearful onslaughts on their common enemy with the same ill success. Having exhausted their armamentarium medicum, or rather having exhausted the patient in their pursuit of symptoms, by the new method of warfare, they resumed their old fashioned weapons, which, being somewhat rusty, did little or no execution—at least for good. At length, after a trial of eight months, they ventured an examination, which revealed to them a large body filling the vagina, to which they were sadly puzzled to give a name. In their doubts, a surgeon from the regular profession is summoned to their aid; a person of repute in the art, though, I am sorry to say, with a character that must ever be tarnished by such company. In a period of four months eight examinations were had, whilst the patient was under the influence of chloroform; when, finally, the conclusion was arrived at, that the tumor in the vagina was an inverted uterus; which, it was proposed, to remove by ligation, an operation, in their opinion, feasible and attended with little hazard.

Mrs. D. came to visit a friend in this city for a few days, with the intention of learning my views in regard to the disease, and the propriety of its removal by an operation. On the 2d of September, 1857, I received a message to call on her, immediately, as she was in a dying condition from the loss of blood. I found her faint, speechless and blanched by a sudden and profuse hemorrhage, amounting to at least sixteen ounces, which took place in a short time, with pains like those of labor. For fear of re-exciting the flow that had ceased on my arrival, a slight examination was made; only so far as to reveal a large body filling the pelvis to its utmost capacity, pressing down on the perineum, and sensitive, apparently, to the touch. A few days use of tonics and stimulants having revived her, a more thorough exploration was instituted.

Mrs. D. stated, that, after her removal to New York, she continued, for a time, much as before; then by degrees lapsed into a state of flooding, profuse and nearly constant, but eventually of a paroxysmal character; a sudden gush, generally copious, with uterine contractions, when it would cease for longer or shorter intervals. The change in the mode of the discharge was satisfactorily accounted for by the tampon-like body distending the vagina.

At all times there was a persistent expulsive tenesmus, and cutting, lancinating pains through the sacrum and pelvis, that kept up a constant state of lingering agony; in fact, the pains of a quasi labor were rarely absent, and reached their acme when the haemorrhage was most copious.

As before stated, there was found in the vagina a large body, pyriform in shape with its larger extremity downward; filling the pelvis completely, and crowding itself upward to the height of the superior strait, downward on the floor of the pelvis and backward on the rectum. Without the aid of injections, faeces or flatus even could not be passed; and generally, though these were used, great difficulty was experienced in relieving the bowels.

By a considerable degree of force the finger would pass each side of the tumor; except posteriorly, where it pressed down on the perineum much like a child's head in parturition. In front, by the strongest pressure upward, it was barely possible to touch, but not very accurately or definitely, a substance firmer than the mucous membrane, with which however it seemed a part; but to either side it could not be detected. By drawing back the perineum a good view of the lower surface of the tumor was obtained. It had a red, velvety look, like the mucous membranes in a state of congestion; was coated with a copious secretion of mucus, and traversed by large blue and red vessels; in fact, its shape and appearance were such as would be presented by an inverted uterus. Besides, as she asserted, the tumor was sensitive—the gentlest touch being appreciated and rough handling causing pain—though of this fact I could not, satisfactorily, assure myself; since the patient's sacral nerves, from long-continued irritation, were super-excitable, as we observe in neuralgia; and any pressure on the tumor would, from its accurately filling the pelvis, be felt in all of the contiguous structures.

On the 24th of February, fortified by the aid

and counsel of two professional friends of large experience, I went prepared to make a thorough exploration; and, if a polypus was diagnosticated, to apply a ligature to its pedicle. The tenesmus, that was always excited by an examination, being removed by the use of chloroform; it was possible to feel more accurately the firm rim above mentioned and trace it, though imperfectly, to either side. The sound, introduced along the finger, passed three quarters of an inch, anteriorly, beyond this firm border; and when pressed, laterally, entered from two and a half to three inches. Hence I concluded that we had to deal with a polypus, whose insertion was on the anterior walls of the uterus; since, in a case of inversion, even though partial, it would be impossible to pass an instrument so far within the os uteri.

Unfortunately this diagnosis, in which I was most decided and positive, was not concurred in by the consulting surgeons; one being equally decided and positive that there was a complete or, more probably, a partial inversion; and the other uncertain, though in the main inclined to my view, more from the difficulty of understanding how a virgin uterus could be inverted than from any information afforded by the examination.

Having spent nearly three hours in exploring and comparing opinions, I was advised to apply the ligature, in case no doubt or misgiving remained in my mind, and I was prepared to assume the responsibility. This I felt emboldened to do; both by my confidence in the existence of a polypus, and by a previous request of the patient; who entreated me to venture upon any procedure however hazardous, that promised relief; as life to her with such sufferings was a burden. Moreover, it was apparent, even to the unprofessional observer, that her constitution could not much longer bear up under these profuse haemorrhages; and that death was approaching, with a steady, even step, unless a risk was assumed by some one for her preservation.

I employed Profs. Campbell & Van Buren's modification of Gooch's double canula. This instrument,—which may be found figured in Gardner's translation of Scanzoni—from the ligature being tightened by a screw, immediately strangulates the polypus and thus expedites very materially the ulcerative process; by which means, the irritative fever is lessened and the

danger of purulent absorption obviated. The ligature, a double strand of saddler's silk, was applied around the pedicle with less difficulty than was anticipated; and, in less than ten minutes, the operation was completed.

The patient experienced little inconvenience for the first two days; but on the third and fourth she sank very low with an ataxic fever, that was attended with a muttering delirium, a most alarming prostration and a discharge, in large quantities, of fetid pus; symptoms, that boded a serious result, had they not been quickly relieved by the polypus becoming at this juncture detached. Its remains consisted of fasciculi of muscular fibres resembling the columnæ carneæ of the heart; and, though much the larger portion had sloughed, was of a size one half larger than a goose egg; whence we conclude that, originally, its bulk must have equalled that of the head of an eight months' fetus.

I am happy to state, that, though more than seven years have since elapsed, our patient continues to enjoy uninterrupted health, and is not annoyed with any abnormal uterine symptoms; but yet, much to her sorrow, her marriage remains unblessed.

POLYPUS OF THE CANAL OF THE CERVIX UTERI.

During the spring of the present year a case of polypus uteri came under my care, that was interesting from the peculiarities presented on examination, either by the finger or speculum. These, though not very singular, and, in my opinion, frequently observed under the same conditions, might mislead others into a false diagnosis; as was the case, in this instance, with an obstetrical teacher, who, the year previous, had the lady under charge, and declined to operate, as alleged, by reason of the number of polypi embedded in the neck of the womb. By the touch the canal of the neck was felt to flare open from the inner os, which was closed; and to be studded with prominences, that were separated by deep sulci. By the speculum a small mucous polypus, pedunculated and the size of a pea, was seen attached just within the outer os; and, lining the inner neck were irregular projections; that resembled fibrous polypi growing, without pedicles, from the uterine tissue. This appearance, I had no doubt, resulted from the increased nutrition of the rugosities; (the markings between which, form what is called the arbor vite) which, from the congested state of the uterus, had become greatly enlarged:

and I expected that, when the polypus, the cause of the preternatural flow of blood, was removed; the surrounding parts would return to their normal condition. The operation was done by torsion. The succeeding menstruation was excessive; but this function, has since been natural, the cavity of the uterine neck has returned to its normal state, as was verified by observation, and the woman's health is thoroughly re-established.

This lady, for five years, had suffered from a profuse menorrhagia, and was rarely free more than eight days in a month from a bloody discharge. However long her periods continued, and however excessive they might be, they invariably returned at the appointed time. By this persistent drainage she had become greatly debilitated and very anaemic.

POLYPUS OF THE CANAL OF THE CERVIX UTERI PRODUCING CONGESTION, PROCIDENTIA AND MENORRHAGIA.

A woman, of about forty years of age, presented herself at the College clinic during the last session, with a procidentia uteri, that had troubled her for more than two years, producing tenesmus, and a feeling of dragging and pressure, and was attended almost constantly, with a sanguineous discharge, which often was profuse. On inspection, the neck of the uterus—swollen and chafed—was found protruding externally; and the inner neck, just within the os externum, had a polypus no larger than a pea hanging from its surface. The menorrhagia ceased, and the congestion diminished, when I had removed the polypus by torsion; and the patient's unpleasant sensations were so much relieved by the operation, and by wearing a piece of sponge, which after introduction was wet by injections of alum water, that she declined the employment of a globe pessary, to prepare for which these means were instituted.

[To be continued.]

Personal.—Surgeon A. C. Hamlin, has been appointed Medical Director of the Eleventh Army Corps, (Gen. Sigel's.) * * * Dr. C. M. Ford, A. A. Surgeon, has been assigned to the charge of the old Capitol Prison Hospital, Washington, in place of Dr. H. G. Smith, resigned, * * * Medical Director Letterman has assigned Dr. Warren Webster, of the Regular Army to duty, as the Inspector of the Medical Department of the Army of the Potomac. * * * Dr. Wm. H. Craig is Surgeon, and Drs. J. R. Boulware, and Oscar H. Young, are Assistant Surgeons of the 177th Regiment N. Y. Volunteers.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY,
February 12, 1862.

SUBJECT FOR DISCUSSION: NATURE
AND ART IN THE CURE OF DISEASE.

Reported by Wm. B. Atkinson, M. D., Rec. Sec.

[Continued from page 237.]

DR. DARRACH remarked that nature in the cure of disease was pre-eminently and almost exclusively the method of the ancients. The clinical schools of Cos and Rome seemed content to observe accurately and patiently the effects of climate, diet and the vital phenomena of sickness; and to thereby discover the course and crisis of disease. The science of diagnosis and of prognosis were thus advanced; but not the art of therapeutics. So it was in the mediæval schools of Deschanderer, Bagdad, Cordova and Salerno; and the more recent schools of Pavia, Paris and Montpellier.

Art in medicine, on the contrary, is modern. It has classified, made cabinets, societies, and journals, which last have become weekly and daily; and has given us a surgery, a pathology and an efficient therapeutics.

Nature and art in medicine are to each other, surely, as are the foundation and superstructure of a classic temple. In respect to therapeutics, Dr. D. remarked, that the ancients, in obedience to nature, adopted what has been called the expectant treatment; and the moderns, enriched by art with appliances, have instinctively enforced an heroic treatment.

Both are important and indispensable. But it is their skilful use which makes the physician; and, on the contrary, it is their misuse from defective diagnosis which, resulting injuriously and fatally, hazards the liability, to a charge of malpractice.

Pneumonia, which is an inflammatory capillary congestion of the connective tissue of the lung, softening its transuding fibrine to be commuted into pus and resulting in augmenting abscess, demands the reducing, revulsive, sedative and aplastic agencies of blood-letting, antimony, nitrate of potassa, and if necessary, the cautious use of mercury, etc. Pneumonia is a destructive phlegmasia hazarding life, which requires heroic treatment—obstat principiis. But, often, to the discredit of medicine, this diagnosis and therapeutics have been, erroneously, injuriously and fatally applied to a bronchial form of epidemic fever.

Such a case, was, on an occasion, diagnosed pneumonia and the antiphlogistic treatment adopted. The autopsy displayed neither softening of tissue, nor pus, nor abscess. The phenomena were, on the contrary, a uniform injection of the capillaries of the entire bronchial membrane of all the lobes of both lungs with an extreme venous engorgement of the parenchyma. From incisions into each of the lobes, venous blood poured out most abundantly. Several

excised portions of lung, which sank in water whilst yet engorged, floated after the venous blood was expressed. All these excised and expressed portions were then subjected to extreme stretchings, and found to be perfectly firm. There existed no inflammatory lesion; and consequently the diagnosis—pneumonia—was erroneous.

The bronchial tubes of all the lobes of both lungs were next laid open, and found extremely red from a uniform capillary congestion of the lining membrane, which neither pressure nor washings could remove.

This was, in reality, the local disease—not bronchitis—but capillary congestion of a bronchial form of epidemic fever.

The general venous congestion above described is its sequence. It becomes lessened at the first crisis of the essential fever, and disappears at the second crisis; but becomes fatally aggravated by the heroic anti-phlogistic treatment. This, by its reduction of nerve force, augments and renders fatally permanent said universally pulmonary congestion, which in the general rising of strength with the course of the fever would have safely passed off. This, alas! is a common mistake—a deadly practice,—and demands the attention of the profession.

If so, the following, on the contrary and indeed in glaring contrast, may, with equal justice, be called a death-permitting practice.

The consulted physician in the case illustrating it, found the patient on the first visit in apparently a moribund condition, supine, feet beyond the foot of the bed, head sunk down between projecting shoulders, deep and infrequent stertorous breathing, subsultus and muttering delirium. These symptoms however were found on farther examination, not to be those of typhus fever, but owing to the secondary venous congestions of remittent fever. The treatment had only been an inefficient expectant practice of mild diaphoretics and purgatives. The exacerbations were thereby permitted to augment in force, the urine to become more bilious and subsequently hematosed, and the lungs and brain, like the liver and portal system, to become congested with venous blood.

Owing to an error in diagnosis, or rather prescribing without diagnosticating, until the extreme stage of collapse from venous congestions of endemic fever had been permitted to occur, and mistaken for typhus, the anti-periodic treatment was omitted. This omission caused the collapse and the fatal hazard. Three grains of sulph. quinine, hourly administered from 11 P. M. until 12 M., 42 grs., toned the system, removed the collapse, restored the pulmonary functions and the emotions and mental faculties, and established convalescence.

DR. GEO. HAMILTON said he felt much interested in the subject under consideration, and held views, in the main, corresponding with those advanced by the lecturer, and with those expressed in the discussion. Perhaps, however, he entertained rather stronger convictions as to

the rôle nature fulfilled in the cure of disease, as compared with that of art. As all will admit that the *materia alimentaria* is more important to man than the *materia medica*, so we will, probably, do no injustice to the claims and prerogatives of the science and art of medicine in avowing it to be subsidiary to nature. The "vis conservatrix naturæ" will scarcely be gainsayed at the present stage of physiological and pathological science; and the recuperative energies of the system are patent to every enlightened physician. Instances have, indeed, been cited, with a view to show the almost nullity of medicine in certain epidemics; but such statements, if at all creditable, must be rejected as inapplicable to the present day; for were no marked or appreciable advantage derived from mere medication, the triumph of the medical art would still be manifest in its hygienic teachings. In the treatment of disease it is of the utmost importance to watch, sedulously, for such movements on the part of the organism as are intended to restore the normal condition of the economy, and in this way we can best arrive at the indications, necessary, in reference to a successful practice. This was the method of the ancients; nor does it seem probable that we can dispense with it until physiology, pathology, and a knowledge of therapeutic action shall have been rendered much more perfect than they now are. The organism is exposed from birth to the operation of more or less deleterious agents, acting from without or within, and did it not possess an inherent, self-sustaining, conservative power, hapless, indeed, would be the condition of man. Through the different stages of existence, from infancy to old age, and amid the continual changes in the economy necessarily connected with growth and decrease, waste and repair, the organism is, in every well constituted individual, striving to maintain this condition in its pristine integrity.

There is, then, in opposition to all disturbing agents, a persistent effort on the part of the economy to maintain, so to speak, the normal *status quo*; and it is in virtue of this principle of vital organization that we are enabled, when closely observant of its manifestations, to deduce the measures best calculated to aid in removing anormal, and in restoring normal action. There must, of necessity, be many failures in nature's efforts in this direction—aided, though she be, by intelligent and conscientious art, yet this proves no actual imperfection on her part; nor could Dr. H. on this point, coincide, in opinion, with the gentleman who last spoke—that nature was often imperfect in her operation. On the contrary, acting, as nature always does, strictly in obedience to determinate and fixed principles, there is no room for error of this sort; and whether perverted function and altered tissue be restored to their normal condition, or the reverse, nature still stands acquitted. Art, then, advanced and advancing as it is, has nevertheless not attained to such a degree of perfection that it may not more properly be accused of that imperfection which we are, at times, too prone

to impute to nature. In the treatment of disease, as it occurs in its more usual forms, we may advantageously be guided by what we observe in the movements of the economy; and these are generally what may be termed moderate, or conservative in character. The greater number of maladies to which man is liable, are not marked by an action of the organism so violent and perturbative as suddenly to destroy the vital principle; neither do we witness, in such cases, inordinate resistance on the part of the general system.

On the other hand, as it occasionally happens that man is assailed by noxious influences of such force as threaten to suddenly suspend functions, or destroy tissue in organs immediately essential to life, so it is here we notice the most violent antagonism of which the system is capable—generally in the shape of fever, with, or without local inflammation, or in the form of excessive discharges, of an unnatural kind, from the stomach and bowels. Such violence of reaction may still be viewed as conservative in its object, however often it may fail of its accomplishment; and whilst the prudent and observant physician will not, under the ordinary manifestations of disease, resort to medicinal agents, or general remedial appliances of an unnecessarily active character, especially if these be of a depressing nature, he will, in the exceptional cases alluded to, have recourse, if necessary, not only to agencies of the most potent kind, but will be especially careful to do so promptly; bearing in mind, that whilst there is little actual hazard from the temporary operation of what may be deemed excessively active measures, there is, in these peculiar cases, the most imminent danger of the early occurrence of fatal structural lesions, or of still earlier arrest of function without appreciable lesion of tissue.

DR. NEBINGER had been an attentive listener to the discussion, and did not hesitate to say that he was much surprised at many of the remarks which had been made—surprised because of the want of confidence in the curative power of medicine, they evidenced on the part of those who made them.

If the public had heard many of the observations which had fallen from the lips of some of the members, he felt confident that the impression would have been created that doctors had no confidence in medicine—that in the curation of disease nature is all potent, and medicine if not quite impotent, nearly so.

For himself he had to say that while he was willing to accord to nature all her merits, while he would not rob her of any of her healing power, he had full and abiding confidence in medicine. He recognised its power and was not willing to give it a subordinate place to nature, in the cure of diseases, but regarded it as the power to be depended upon in the arrest and cure of maladies.

A physician not very remote from us, more notorious because of his shining literary abilities,

than for his practical medical qualifications, has said, "If all the medicine were cast into the sea it would be all the better for man, but all the worse for the fishes." He feared from what he had heard this evening that there were more Holmes, than one.

Some of the members ventured some remarks upon the *modus operandi* of medicine—the manner in which they influence the system, their chemical action, etc. As regards the manner in which medicines produce their peculiar effects—why digitalis controls the heart's action, jalap acts as a cathartic, and calomel influences the hepatic secretion, he must say he was totally ignorant, yet while he was acquainted with the hypothesis—the assertions—for they amount to nothing more—in regard to the manner in which medicines produce their specific effects upon the system. He was disposed to treat the matter of vital chemistry as far as it has reference to the action of medicines in producing changes in the animal economy as a somewhat entertaining scientific disquisition, as useless as entertaining. While, however, he had no confidence in this branch or domain of vital chemistry, and did not think it a matter of great importance to know how chemically, medicines produce their results in the system; yet, it was necessary to know the ultimate facts that certain results may, and under general circumstances, will follow the use of medicinal agents, and when and how to administer those medicines, that diseases may be controlled, and the march of death retarded. He did not feel it of importance to his patients that he should know how, chemically, mercury controls an inflammation, but it was important that he should know that it is an anti-inflammatory agent, and to know when its use is indicated and how to prescribe it. It is not essential to the well-doing of his patient that he should know by what peculiar chemical action digitalis will diminish the activity of the heart's impulses, or why ipecacuanha will, in certain doses, act as an emetic, an expectorant or diaphoretic. It is only necessary that he should know the ultimate fact that these effects can be produced by the medicines, and that he should know how and when to administer them to produce their effects with benefit to his patients. Too much time, he feared, had been wasted, and continues to be squandered in searching for that which cannot be found, and which, if it could, would not be worth the labor of the search.

He knew there were skeptics in medicine and regretted the fact, but thought their doubts of the potency of medicine arose from the matter being overlooked by them in their hot chase after the shadow, and because their cherished hypothesis had been overturned by the stern revelation of facts, and their false doctrines had been wiped out by demonstration, they settled down to the illogical conclusion that there is nothing true in medicine. Unfortunately for the best interests of suffering humanity, too many of us have pinned our faith to those who have built up doctrines, not upon the facts which they have

gathered from their observation and study of disease at the bedside, but with very limited knowledge of practical medicine, have constructed their doctrines upon the recorded observation, loose or otherwise, of others. As doctrines or teachings so developed have been overturned, their believers, instead of turning aside from them and gladly receiving the new and truthful revelation, grow doubtful of the great and glorious truths of medicine; and regarding nature as the only efficient power in the cure of disease, declare "it would be better for man if all the medicine had been cast into the sea."

Let us, said Dr. N., refer to a few cases such as have occurred time and time over again in every physician's practice and see if the evidence which they present is or is not positive, that medicine is potent. Take a case of typhoid fever; the diarrhea is exhausting, the tympanitis is positive, the tongue dry, brown and fissured. The physician gives at short intervals, small doses of blue pill, oil terebinthine, with adjuvants. Under the action of those medicines the diarrhea diminishes, the tympanitis subsides, the tongue grows moist and becomes coated, and almost as often as he has had recourse to those medicines where these phenomena have been presented he has controlled or removed them. Will he call this a mere coincident—the administration of the medicine and the giving way of these unfavorable conditions? Certainly not. The changed condition of the patient is the result of the medicines upon his economy. If such be true, is it wise, is it humane to refuse the patient the benefit of such medication, even if nature after a long and very doubtful struggle, might have brought the sufferer safely through his trial. To deny the potent effects of medicine under the circumstances referred to, is to deny and to disregard demonstration.

A patient has cardiac disease of long standing, his limbs are swollen, his abdomen is enlarged with fluid, the sounds of the heart are masked, his breathing is defective, he cannot maintain the recumbent position, he has a tormenting cough, the diagnosis is effusion into the pericardium ascites and anasarca. Will you hand him over to the tender mercies of nature? If you do, it will not be long before nature in turn will hand your patient over to the undertaker. Will you fold your arms and do nothing, in the hope that nature will do all, or will you summon to your aid and to his relief, your hydragogue, cathartics, and diuretics, and by their action upon the bowels and kidneys, causing such free and copious pouring out of water as in a few days to remove the effusion from the pericardium, the abdomen, and the connective tissue. As the fluid is evacuated, you day by day can measure his improvement in his diminished cough, the unmasking of the valvular sounds of the heart, the diminished abdomen, the reduced limbs and his ability to take repose in the recumbent posture. The effects—the positive, the demonstrative effects—of medicine are here so palpable, they cannot be doubted, much less denied. The direct tendency

of these effusions was to death. The positive effects of your medicines was the arrest of this tendency and to give to the patient an extension of life's furlough. For such, indeed it would not "have been better that all the medicine had been cast into the sea."

Have you a lady patient suffering all the torments of debility, defective nerve force, impaired digestion, cephalgia, disturbed uterine functions and a host of other ills, the offspring of anæmia. You may direct your patient to expose herself to the sunlight, to take passive exercise by short walks, and carriage rides; to seek the sea-side and the mountain-top; to eat meats and all such food as her enfeebled digestive apparatus may not rebel against. In short you may do all and every thing else than use iron and you will find that she will go from bad to worse. Nature unassisted will not accomplish her restoration. By a persevering use of iron and other medicines indicated, you will be able to trace, week by week, her steady advance to health, and in the roll of a few months, you will recognize, in the vigor and elasticity of her step, her full round voice, her increased power of endurance, her vigorous digestion, "her rosy cheeks, and coral lips," the demonstration of the utility and power of medicine, and the endorsement of a practice sanctified by time and verified by the daily practice of those, who, disregarding the vagaries attempted to be engrailed upon medicine, hold fast to that which is good and useful, rejecting that which has only its novelty and mystery to recommend it.

Have you not cured in twenty-four hours, with sulphate of quinia, an intermittent of many days' standing? Apropos to this, he would briefly narrate the history of a case of intermittent fever which he knew was treated by one of nature's journeymen—a homeopath—and under this nature's treatment barely escaped sinking into the grave, and, would have done so, had medicine not been invoked to the rescue.

A neighbor and friend of Dr. N., a few years ago, was attacked with an intermittent of the tertian form, not by any means severe. He was able to attend to his business, that of a grocer, except during the paroxysm, which would continue for only a few hours. He sought a homeopath for the arrest of his disease. Under his treatment—or rather his no treatment—he grew worse, the paroxysms became longer and more severe, and passed from a tertian to a quotidian, and ultimately to a double quotidian, and the poor sick and deluded man was reduced to almost the last extremity, and the prospect was that nature having failed to relieve him, death would shortly do the work. Satisfied that homeopathy had proved a failure, and that he was fast breaking up, he was influenced by a friend to abandon homeopathy and have recourse to medicine. His homeopathic attendant was a graduate of one of the medical schools of this city, and knew something of medicine.

Being informed by his patient that he would not be treated longer by the "new school" sys-

tem, and that he desired to be treated "regularly," the homeopath determined to operate in a new and better field, and for the nonce to abandon sham and the semblance of doing, and to indulge in reality and power. He prescribed 24 grains of sulphate of quinia to be made into 12 pills, and one of these to be taken every two hours. The 24 grains of quinia killed as dead as Saul—not the patient, but his intermittent, and he now lives to proclaim the worse than inefficiency of nature and her journeyman to cure disease.

Had it been better for him that all "the medicine had been cast into the sea?" Let him answer.

Dr. N. was brought up in a school where medicine was taught, and his medical education was illustrated by long and diversified clinics, which demonstrated the utility of medicine. His practice has been a positive one, and its results have not dissatisfied him. From it he has drawn daily facts, illustrations, verifications and arguments, establishing in his mind beyond a shadow of doubt the controlling and high curative powers of medicine.

In conclusion, he said "I have a firm and abiding confidence in medicine. I prescribe not infinitesimal but decided doses, and am gratified that I have the intelligence, or if you choose, the courage to do so; not being moved or influenced by the vagaries, and to m fooleries of the times, as they for a season attach themselves as morbid growths to our system of medicine. Rejecting the poetry of medicine, I hold fast to the prose—I am, in a word, a Medicine Man."

DR. HENRY HARTSHORNE admitted to some extent the correctness of the criticism which had been given of the ordinary use of the term nature; although we all understand perfectly well what is meant by it when contrasted with art. This question of the comparative value of nature and art in disease, which is as ancient as medicine itself, has never been more actively agitated than just now. Comparing the present with the past, we might, at first thought, be inclined to suppose that the whole advance of medical reform had been in the direction of non-interference. But it is not entirely so, we do not interfere much now with typhoid fever, nor do we bleed usually for scarlet or remittent fever; but we give quinine more boldly in miasmatic diseases, opium more freely in peritonitis, and alcohol more extensively in various exhausting and depressing affections. There has been a change, then, in practice, not always in using less medicine, but sometimes in using it differently. The question is a natural one, whether the future progress of the art, under experience, will still further narrow the limits of medical interference; whether, as some of us now venture to leave an average case of typhoid fever to nature, with nursing and concentrated food, our successors of the next generation may or may not become willing to "let alone," similarly, an average case of pneumonia, or peritonitis, or croup. At the present time, there are those

who tend strongly toward such a view. Its discussion is not here in place; Dr. H. has, with others, repeatedly expressed the conviction that the experience of the profession, so far, has justified, and does enjoin, active treatment in a certain number of cases of the phlegmasial diseases alluded to. But, the contemplation of the opposite opinion as a possible hypothesis, is not devoid of benefit, as it may urge us to closer scrutiny of the true grounds of our practice, and promote the avoidance of mere routine.

When, indeed, as has been indicated in the remarks of others in this discussion, we speak of "nature" and "art,"—our terms of comparison must be understood as relative, not absolute. Art in medicine is only the application, by man's intelligence, of agents to the body,—which, as man creates nothing, he must obtain from nature. We are not made to live by instinct, but by reason. So we procure and use our food, and other necessities. Where, then, does the employment of agencies adapted to the conditions of our bodies in health or sickness, cease to be natural?

The satirist alluded to already, whose notability in literature has given to his opinions about medicine a currency and importance vastly beyond their merits, ingeniously asserts, that, against all drugs which form no part of our bodies or of our usual food, there is a presumption, that they should not be used as medicines. Although enough of a logician to see that this presumption may be overcome by proof, he is too little of a physician to appreciate the proof which has been afforded. At the same time, he exaggerates the weight of the presumption itself.

The duty of the physician is much like that of a navigator; who, although he cannot change the wind or alter the channel, may shift his sails and direct the rudder. It might almost as well be said, then, that the sailor must not use a knife to cut a rope, because steel forms no part of the ship's timbers or rigging,—or that the mercury in his barometer is out of place, because none of it enters into the structure of the vessel,—as to urge that it is much of an argument against the employment of anything that nature affords for the mitigation of disease, that it is not a part of the body or its food in health.

There has been, in the mind of the public, and of some members of the profession itself, an injurious perversion of this idea of nature in disease. We ought, therefore, more strenuously to insist and proclaim, that all measures are natural "which God and nature have put into our hands," and which experience has shown to be competent to the relief and cure of the disorders of the body.

Adjourned.

New Medical Society in Washington City.— A new medical society, composed of surgeons of the army and navy, has been organized in Washington. It meets every Thursday night. Surgeon General Hammond is the President.

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

Dentition and its Derangements. A Course of Lectures delivered in the New York Medical College. By A. JACOBI, M. D., Professor of Infantile Pathology and Therapeutics, etc. New York: Bailliere Brothers, 1862; 8vo., pp. 172.

These lectures first appeared in the columns of the *American Medical Times*. Having been favorably noticed by cotemporary journals, the author has been induced to issue them in their present more durable form, of which we think they are well worthy.

Dentition is a subject of such importance not only to the practical physician, but also to the philosophical anatomist, that we cannot do better than to give our readers some idea of the contents of this excellent addition to the literature of odontology.

The lectures are thirteen in number. Though occasionally faulty in style, they are, for the most part, concisely and plainly written. The first lecture is chiefly introductory in character. It discusses the act of teething as a purely physiological process, examines how far this process is a source of disease, and the symptoms commonly attributed to it, and finally animadverts upon the popular and professional errors with which the whole subject has been invested since the days when good Ambrose Paré lancea the gums of his own children.

Lecture second treats of the development and growth of teeth, and of the time and order of their appearance. Many anomalies as to the period of eruption, and the order of succession are mentioned. Upon this subject, and especially upon that of congenital teeth, their nature and the effects of their extraction, our author cites the observations recorded by various writers from the earliest down to the present times. He alludes also to the occasional malposition and development of double rows of teeth; and to cases of the entire or partial absence of these organs. In this connection the reader will find some interesting remarks upon the relations of late teething to the development of the osseous system, and to the general health and constitution of the patient.

The third lecture is made up of a series of highly important facts and suggestions with which every physician should be familiar. In this part of his work the author discusses the healthy and morbid anomalies of the enamel as regards both color and formation. He refers to the influence exercised over this tissue by various severe diseases from which the child may have suffered, by malnutrition and by the syphilitic, rachitic and scrofulous diatheses transmitted from the parent. Especially worthy of remark are his hints relative to the preservation of the milk teeth, and to the food appropriate for the young child before and after the eruption

of the temporary teeth. Dr. Jacobi condemns the practice of extracting the deciduous teeth for slight causes, and clearly points out the injurious consequences of this act, not only in reference to mastication and the pronunciation of certain letters, but also in relation to the normal development of the alveolar border of the inferior maxilla and the permanent teeth.

Lecture fourth is devoted to an account of the absorption and expulsion of the temporary, and the simultaneous formation and protrusion of the permanent teeth. In this lecture the reader will find some curious cases of the so-called third dentition, and an explanation of the same.

"The fact that teeth will protrude, sometimes, at old age," writes Dr. Jacobi, "is undoubtedly true. Instead of being, however, the symptoms of a renewed power of reproduction, they are in Prof. Nessel's opinion, frequently the results of regressive life; as they become visible after the diminution of the alveoli, and the decrease of the thickness of the gums. Such teeth were always formed, but were either invisible from being sometimes bicunulated like the canine, or from being covered by an osseous mass, like the wisdom-teeth. The second molar tooth, particularly, has been observed to reappear in advanced age, but only after the temporary second molar had kept its place, and fallen out at a very advanced period of life. It is not a very rare occurrence that the temporary second remains in its place up to the fortieth year, and thus there can be no mystery nor wonder about the fact that another tooth will make its appearance afterward."

In the fifth lecture our author combats the belief that dentition is a morbid process, and the natural cause of many and varied diseases.

The next two lectures are devoted to a careful and judicious discussion of the diseases of the mouth, pharynx and gastro-intestinal canal in their relation to dentition. Stomatitis, glossitis, parotitis, muguet, stomato pharyngitis, acute and chronic pharyngitis, retro-pharyngeal abscess, gastric catarrh and diarrhoea are shown to be but little dependent upon the process of teething.

The eighth lecture is occupied with an excellent account of the anatomy, physiology and pathology of the mucous membranes in general. Cutaneous affections, their etiology and relation to dentition are considered in lecture ninth. The anatomical and chemical nature, and the chemical history of rhachitis are faithfully portrayed in the next lecture in accordance with the best and most recent information which we possess upon this subject. In the course of his description of this affection our author shows that slow dentition is not the effect of rhachitis, but a cotemporaneous and co-ordinate result of the same fundamental morbid process. Dental fever, convulsions and paralysis constitute the subject matter of the two succeeding lectures. The so-called therapeutics of dentition, or rather the means of alleviating the suffering which often accompanies this physiological act, receives due attention in the concluding lecture of this course

upon infantile pathology in its relations to teething.

"It has been the object of my lectures to prove that dentition is neither a disease nor a direct cause of diseases, except in very rare cases. I believe I have shown that all those diseases of the cutaneous, circulatory, respiratory and nervous organs, generally attributed to dentition, are in no, or very loose, connexion with the physiological process of teething; that further, pathological occurrences cannot, in themselves, be accounted for by a simple and undisturbed physiological process; and finally that disturbances are very rare indeed."

We cannot take leave of this unpretending little volume without first cordially commanding it to the attention of our readers. They will find in it many interesting and valuable facts which have been very well arranged, and an acquaintance with, and proper understanding of which, cannot fail to be pregnant with beneficial results to the many infantile patients whom they encounter in their daily professional walks.

J. A. M.

The Institutes of Medicine. By MARTYN PAINÉ, A. M., M. D., LL. D., etc. Seventh edition. New York : Harper and Brothers, 1862. 8vo. pp. 1130.

A very commendatory notice of this volume appeared in the issue of this journal for May, 1858.

In the *North American Medico-Chirurgical Review*, for September of the same year we expressed, in decided language, our admiration for the profound erudition, the pains-taking and systematic research, and the laborious reflection so abundantly exhibited in the pages of the work under notice. To the favorable opinion then formed by a careful perusal of its contents we still adhere. The great doctrines and questions, and the vast array of facts which are comprehended under the term "Institutes of Medicine," are discussed by Dr. Paine in the most erudite and logical manner. Unfortunately his zeal in behalf of vitalism leads him so frequently into polemical digressions as to give to his work a somewhat unpleasant controversial character. Nevertheless, it is at once the best and most recent exponent of a physiological school, which at one time numbered many powerful minds among its advocates, but which is now being slowly undermined by the steady progress of discovery, and by the new and better methods of philosophising which prevail at the present time.

The present edition of the "Institutes," has been enlarged by the addition of a series of notes upon the following subjects, viz., the exciting cause of parturition, the influence of poisons upon the sympathetic nerve, the origin of death, reflex nervous action, the operation of narcotics, alcohol, the modus operandi of cathartics, narcotics versus antiphlogistics, remedial action through the heart, excessive medication by quinia, modus operandi of arsenic and anti-periodics, and of anesthetics, digestion ne-

cessary to nutrition, the cerebral circulation, exaggerations of instinct, paraplegia, chemical doctrine of remedial action, typhus and typhoid fever, continuous sympathy, the American Medical profession and Great Britain, the rights of authors, and the nervous power as contrasted with electricity.

In these notes the author critically examines some of the many facts and views which have recently been announced in reference to physiology, pathology and therapeutics, and gives unmistakeable evidence of being still as active and indefatigable in scientific research as when his work first saw the light, some fifteen years since.

J. A. M.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DEC. 13, 1862.

THE DISCHARGE OF WOUNDED AND SICK SOLDIERS FROM THE SERVICE.

In the beginning of the war furloughs were granted to officers and men for trivial causes. The effective state of the army was thereby materially reduced and the public service impeded. It has been stated that at one time more than 100,000 men were at their respective homes, drawing pay from the treasury. Nobody could find fault with the War Department when this abuse was stopped. But the Administration seems to have fallen into the opposite extreme, of now withholding leave of absence from the wounded and sick when asked for *legitimate causes*. We are credibly informed, that more than 100,000 men are at present in the various military hospitals, whose return to their families is thus refused.

This is not only unjust but impolitic. Most hospitals are of an inferior character. The patients therein are crowded together, and often surrounded with a contaminated atmosphere, prejudicial to their recovery. Order and cleanliness are not as scrupulously enforced as is desirable for hygienic purposes. The nurses are devoid of proper training and at best mercenary. Some of the hospitals are erected in bad locations and surrounded by low and marshy grounds. The stock of medicines is deficient; the diet coarse, and not rarely the medico-surgical attendance placed in inferior hands. Moreover, the adminis-

tration of these establishments is costly and extravagant.

On the other hand most soldiers have a home and kindred, who are desirous of taking care of them, to supply them with an appropriate diet and delicacies and otherwise render them comfortable, whilst our profession nobly offers its attendance gratuitously to the defenders of our Constitution. In comparing, therefore, the chances of recovery of our soldiers in the military hospitals with those at their respective homes, no sensible physician will hesitate to acknowledge the superiority of the latter.

We are glad to learn that Congress has taken the matter in hand, and is preparing an act to that effect. Meanwhile we hope that the authorities of the medical department will use their discretionary power to facilitate the return to their families of the wounded and sick, who are not in a condition to resume their active duties in a short time.

THE UNIVERSITY OF MICHIGAN.

The most elaborate and successful attempt in this country, to found a University, has been made in the State of Michigan. The University is located at Ann Arbor. It now has three departments in successful operation, viz.: The Literary, Medical and Law. The University fund is large,—over *five hundred thousand dollars*, upon which, an interest of seven per cent. is paid. The professors of the several departments are paid *fixed salaries* out of this fund, so that the tuition fees are comparatively free.

The medical department has a corps of able Professors, who are aiming to make the course very thorough. The lecture season continues *six months*, and but *four* lectures are given daily. It is moreover very successful, there being now 255 students in attendance on the lectures,—being the largest class that has ever assembled in its halls, and larger than any in the country, except those of this city. This shews a remarkably rapid progress, and bids fair speedily to place the medical department of the

University of Michigan, in the front rank of medical institutions in this country.

Some years ago, an attempt was made through the legislature, to force upon the University, a chair of homœopathy. It was however, unsuccessful, and we trust that the University will not be liable to a repetition of such an effort, for it could only result in injury to the institution.

The possession of so noble an institution must have a favorable reactionary effect upon the profession of the State of Michigan. Indeed we have had occasion to notice the intelligence and high professional standing of medical men in that State, and there is every reason to expect that they will advance.

EDITORIAL NOTES AND COMMENTS.

How Philadelphia lost a Foundling Hospital.—The late CASPER B. LUKENS, of this city, a wealthy member of the Society of Friends, had it in his heart to found an extensive hospital in Philadelphia for Foundlings. He directed that a portion of the assets of his estate, should be placed at compound interest, until the sum of \$350,000 was realized, when a lot was to be secured the size of that occupied by the Pennsylvania Hospital. Directions were given, for the general plan of the building, its medical appointments, clinical privileges, etc. But, unfortunately there was a flaw in the will, which expectant heirs, not relishing the prospect of a diminution of their assets, made the most of, and the intention of Mr. Lukens was frustrated. It seems that the will was written on seven pages of paper, and the name of the deceased was signed at the bottom of six of the pages, and omitted at the bottom of the seventh, and no witnesses had affixed their signatures. The case was taken to Court and the will pronounced invalid. Philadelphia will have to wait awhile for her Foundling Hospital.

An Extraordinary Proposition.—SENATOR HALE of New Hampshire, recently introduced into the United States Senate, a bill to abolish the grade of medical officers in the service of the United States.

He said that nothing was worse than the so-called medical service. He believed that one of the soldiers from his State was literally murdered

by these medical officers. He understood that many of them could not speak a word of English, but they got on the shoulder straps, and went about exercising military authority instead of medical skill. He also had detailed to him the circumstance of the death of Lieutenant-Colonel DWIGHT, after the battle of Antietam, who, when he was dying, said to a medical officer, "My wounds are your protection."

The above must have been an ante-prandial slander of the grave Senator on the medical profession! The instances he gives, even if true, do not justify so sweeping a charge against the medical officers of the army, much less the insult offered the intelligence of the United States Senate by the bill introduced.

We have no objections to the prompt dismissal of incompetent surgeons—but Senator Hale's proposition, is simply an outrage on the medical profession, on the army, and disgraceful to himself and the venerable body of which he has been so long a member.

The Convalescent Camp near Alexandria.—The disgraceful condition of this camp has elicited a great deal of comment. On another page we publish a communication from Assistant Surgeon-General SMITH, which exculpates the medical department from responsibility in the premises. We are glad to add that the camp has been broken up.

CORRESPONDENCE.

An Extraordinary Case of Recovery from a severe Gunshot Wound of the Head.

U. S. A. GENERAL HOSPITAL, }
West Philada., Dec. 2, 1862. }

Chas. McCarty, private, Co. E, 69 N. Y.; wounded at the second battle of Malvern Hill, by a ball from a pistol in the hands of a rebel cavalryman. The wound was received while making a charge upon the rebel infantry, behind which the cavalry were posted. The infantry broke and fled, leaving the assailing party almost upon the sword points of the opposing force, at which time the wound was received, the distance being about *three feet*. So small was the intervening space, that the powder entered the skin, causing permanent discoloration. The ball entered at the inner canthus of the right eye, taking an irregular downward course, lodging under the skin of the opposite side, on a line with the posterior edge of the mastoid process of

the temporal bone, and half an inch below its inferior extremity, in which position the ball remained, until he was taken to Harrison's Landing, which was but a short time after the battle. He was there placed under the care of a surgeon, who extracted the ball, only a slight incision being necessary to accomplish it. The injury sustained by the organ of vision was comparatively slight, causing opacity of the lower portion of the cornea and to a certain extent injuring the conjunctiva and sclerotica, causing a small track to slough out, which has at the present time cicatrized, adhesion having taken place between a portion of the conjunctiva of the eye and that reflected upon the inferior lid. About the centre of the tarsal cartilage, there is a deep incision, which has probably been caused by a rough portion of the ball. This has healed, but the continuity is permanently destroyed. He still has some use of the organ, being able to distinguish large objects at a short distance. He says, after he received the injury, he lost all consciousness as to what was being enacted around him; his only recollection being that of a severe pain in the head, which, however passed off in a few days. There was no other prominent symptom, and he suffered but little for some time. At present, he complains of pain about the position of the temporo-parietal articulation of the right side, but this is fast subsiding. There was very slight inflammation, being only sufficient to repair the injury sustained.

The counter-opening by which the ball was extracted, has healed, leaving a hard cicatrix. The treatment employed was cold water dressings to the part, with slight purgation. He was also placed upon ten grains of Dover's powder at bed time, from which he received great relief and a good night's rest. At the present time the patient is nearly ready to leave the hospital, though he is permanently unfitted for the duties of a soldier.

J. A. BUCHANAN, M.D.,
U. S. A. Gen'l Hospital, West Phila.

Nitrate of Silver and Chancere.

PHILADELPHIA, Dec. 1862.

MESSRS. EDITORS : In the MEDICAL AND SURGICAL REPORTER, November 8th, I find a statement by Prof. Van Buren, that nitrate of silver for destroying a chancere, is powerless. "It produces a white coating, which is mistaken for an escharotic effect, being nothing more than albu-

men coagulated by the nitrate of silver, a fact unknown, to ninety-nine hundredths of the profession!"

Did the professor really analyse the white precipitate? I doubt it, and have only to say, that ninety-nine hundredths of the profession should know that the white coating produced by bringing the nitrate in contact with a chancre consists principally of chloride and phosphate of silver. It cannot be denied that we find the fibrinate and albuminate of silver in the caseous white precipitate, but it is a well-known fact, that lymph contains chiefly chlorides and phosphates.

The white coating produced by using the nitrate of silver on the mucous-membranes in laryngitis, tonsilitis, etc., has a similar character; the only difference is, that in chancre we have to deal directly with lymph. According to my own experience, by giving only a light touch with nitrate of silver there might be no caustic action whatever; but properly applied, it has always an escharotic effect, and the sore will be more circumscribed. In chancre, I would not use the caustic potash; it gives the sore a spreading tendency, according to the dissolving action on the cellular tissue.

Dr. E. DUSE.

A Case of Arm Presentation complicated with Internal Haemorrhage.

AUSTINTOWN, OHIO, Nov. 1862.

EDITORS MEDICAL AND SURGICAL REPORTER : At 9 o'clock, P. M., of the 10th inst., I was called to see Mrs. S——. Found her in labor, completely exhausted, sweating profusely, lips pale and bloodless, pulse 130 weak, very nervous, with a look of most extreme anxiety and apprehensiveness depicted on her countenance. The uterus had almost entirely ceased its expulsive efforts. I learned that labor had commenced some twelve hours before I saw her; that at 3 o'clock, (six hours before my arrival) the membranes had ruptured and the liquor amnii escaped.

On examination, I found the right arm presenting, with the shoulder low in the pelvis, and the head bearing across toward the left ilium. The funis also could be felt protruding into the vagina, but not externally.

Operation. After sufficiently warming and anointing the left hand and arm, I brought the fingers into the shape of a cone, then gently introducing them within the vagina, I succeeded

in raising the shoulder and in directing it toward the left ilium. This part of the operation carried the arm of the child, almost entirely within the mother's structures, then I slipped my hand over the child's head, carried it upward toward the fundus, laid hold of the feet, brought them downward in the direction of the right ilium, and from the fact of the child floating in the contents of the uterine cavity, the operation was easy and the evolution soon completed. It may be asked how, or in what fluid the child floated, when the membranes were ruptured and the liquor amnii escaped some six hours previous to operation. Herein is the most interesting peculiarity of the case. The fluid was blood, and I presume it came to occupy the cavity of the uterus in the following manner. The placenta having been in all probability attached to the upper and left part of the womb, apart from the position in which I found the child, almost unoccupied, it would be natural to suppose that from the violent contractions of the uterus for several hours, that this organ of communication between the mother and child would become detached and that the patentous mouths of the intervening blood vessels would continue to pour out a sanguinary fluid until the unoccupied part of the uterus would become filled with blood. In fact, that an internal hemorrhage was going on, I have not the least doubt, for as soon as the plug, first caused by the shoulder of the child, occupying the pelvic basin, and next by my own arm, was removed, the gush of blood escaping externally, exceeded anything I had ever witnessed.

There was nothing unusual attending the remaining part of this case of preternatural labor. After the feet and breech were delivered, and the uterus had rid itself of most of its fluid contents, that organ again commenced acting, and soon the head was expelled, and immediately after it the placenta, and although the child was to all appearances still born, yet after a few efforts at resuscitation, it gasped as it were for breath, and soon breathing became natural.

Very truly yours,

S. MCKINNEY, M.D.

Twelve hundred of the sick in the convalescent camp near Alexandria were recently removed to Fairfax and the hospitals at Alexandria. Dr. Josiah Curtis relieves Dr. Jacobs in charge of the camp.

ARMY AND NAVY NEWS.

Naval Orders.—Surgeon Charles Martin is detached from the naval rendezvous at Boston, and ordered to the steam sloop Sacramento. * * * Surgeon John Rudenstein is ordered to the naval rendezvous at Boston. * * * Surgeon D. Kindleberger is ordered to the steam sloop Monongahela. * * * Surgeon Gilchrist has been detached from duty as Fleet Surgeon of the Mississippi Squadron, and Surgeon Finkley ordered to relieve him. * * * Acting Assistant Surgeon Thomas W. Meckley has been ordered to the Ladona. * * * Acting Assistant Surgeon John Flynn, has been ordered to the Hendrick Hudson.

Sick and Wounded Officers.—Surgeon-General's Office, Washington, Dec. 16, 1862.—Sick and wounded officers of the regular army in this city will call on Surgeon-General J. K. Barnes, U. S. Army for professional attendance. Office, No. 286 H Street.

Sick and wounded officers of volunteers in the city will call on Surgeon M. Clymer, U. S. Volunteers, for professional attendance, Office, No. 205 Pennsylvania-avenue.

The above-named Surgeons are specially assigned to this duty. JOSEPH R. SMITH,
Acting Surgeon-General.

Ambulance Corps of the 11th Army Corps. We are glad to be able to chronicle progress in the formation of ambulance corps. There was much need of improvement.

The ambulance corps of the 11th (Gen. Sigel's) army corps is under the immediate direction of Captain Shreve Ackley, late of the Twenty-seventh, Pennsylvania.

It consists of one hundred ambulances, nine transport wagons, two hundred and seventy men, and two hundred and sixty horses. It is now in complete working order, and reflects much credit upon Medical Director George Rex, for the devotedness and zeal which he manifested in its organization.

The working of the corps under the auspices of Captain Ackley, has fully developed its efficiency, and the perfection to which he has brought it is highly commendable to him.

General Hospital, Port Royal, S. C.—The General Hospital, at this point, now under the charge of Surgeon J. E. Semple, United States Army, was organized by Surgeon George E. Cooper, and went into operation March 1st, 1862. The building forms a hollow square, each side being 325 feet long, and is admirably adapted to the purposes intended. The total number of patients admitted since the opening of the hospital is 1554; total of deaths, 184; total discharges on Surgeon's certificates, 125; total of patients returned to duty, 945; total transferred to hospitals in the North, 200; total of patients remaining in the hospital, Dec. 13th, 100.

The Convalescent Camp, near Alexandria.—Interesting Report.—The following is a reply to a communication, addressed to the Surgeon-General by the Military Agent of Pennsylvania, touching the condition of the Convalescent Camp, near Alexandria, in which are some three thousand Pennsylvania soldiers :

SURGEON GENERAL'S OFFICE,
Washington, D. C. Dec. 9, 1862.

SIR:—Your letter of the 7th instant is received, calling attention to the condition of the Convalescent Camp, near Alexandria.

In reply I must beg to disclaim, in behalf of the Medical Department, all responsibility for the deplorable state of things existing in that camp. I am aware that the unfortunate misnomer "convalescent" has created an impression that this establishment was an outgrowth from the Hospital Department. Such is not the case. It was not established by directions from this office, and its connection herewith is as incidental as that of any other military post.

It was ordered by the General commanding the army of the Potomac, that the soldiers belonging to that army, returning to duty from the General Hospital in this District, should be sent there, to be thence distributed to their regiments, and in obedience to these orders, all soldiers returned to duty from hospitals within this District, were sent to this camp. Several inspections were made by Medical Inspectors under orders from this office, from the report of the last of which, made by Medical Inspector Vollum, I quote the following, as "points prominent it would seem to any observer," viz.: "bad police, uncleanliness, bad ventilation and demoralization, resulting from the promiscuous herding together upon a limited area of herds of idle and undisciplined men."

Upon this report, made on the 22d ult., it was recommended by the Surgeon General that this camp be broken up, and in conformity with this recommendation, the Secretary of War has acted promptly in the case. It will be a work of some days, however, even to break up a camp of this magnitude. In the meantime it is known positively at this office, that nineteen medical officers are on the ground, exerting every energy in the proper discharge of their duties, and that on the 20th November medical supplies for three months were received at this camp.

The causes of the sad state of things now existing are, in my opinion, first, the great expansion of this establishment to a size much beyond its capabilities or accommodations, and second, the ill-judged plan of sending men recently from hospital to a camp crowded with undisciplined stragglers, and then, instead of hurrying their departure from this place to their regiments, of allowing them there to remain until crowding and exposure prostrated them again upon a sick bed.

My only aim, Colonel, in writing the above, is to exculpate this Department in the minds of

the Association and State which you represent, from even the suspicion of neglecting these men, Pennsylvanians or otherwise, whose medical and surgical care it is the duty of the Department to provide for; and it gives me much pleasure to add that such steps have been taken by the orders of the Secretary of War, as will, I believe, effectually remedy the evils to which you have referred.

Very respectfully, your obedient servant,

JOS. R. SMITH,
Act. Surgeon General.

COL. J. H. PULESTON, Military Agent Pennsylvania and Chairman of Ex. Com. Penna. Relief Association.

NEWS AND MISCELLANY.

Compliment to Dr. Goddard.—At an entertainment recently given at the Master St. Hospital in this city, a sword presentation occurred. It was presented to Dr. P. B. GODDARD, the Surgeon in charge of the institution, by Mr. Harry Scott, one of the patients, on behalf of the donors. It was received by the Doctor in an appropriate speech. The scabbard is of solid silver with treble gilt mounting. The following inscription is engraved upon it:—"Presented to Surgeon P. B. GODDARD, by the sick and wounded soldiers of the Master Street Hospital." The guard and hilt is of solid silver, with a gold crescent, containing the name P. B. Goddard. The blade is of Damascus steel, with the Goddess of Medicine on one side, and a Surgeon in full dress uniform on the other.

Pension Examining Surgeons.—The Commissioner of Pensions has made the following additional appointments.

ILLINOIS.—Drs. John McCabe, Carlyle; Sam'l McClure, Olney; Thos. A. Mereo, Galena; A. S. Hudson, Sterling; Thos. S. Henning, Springfield; John L. Hostetter, Mt. Carroll; Elias C. De Puy, Freeport; John L. Hallam, Centralia; Fleming R. Payne, Marshall; Chester Hard, Ottawa.

PENNSYLVANIA.—Drs. James Ross, Clarion; A. H. Halberstadt, Pottsville; Mathew Woods, Clearfield; M. Neigman, Butler; D. Llewellyn Beaver, Reading; Alex Stewart, Shippensburg; Wm. M. Herron, Alleghany City; Jacob E. Stickney, Lancaster; Dr. Benjamin M. Means, Germantown.

NEW YORK.—Drs. J. G. Orton, Binghampton; Abijah Otis, Echenille; Thos. S. Dawes, Saugerties; Chas. A. Daké, Warren.

MASSACHUSETTS.—Drs. Sam'l Richardson, Watertown; Wm. Barrett, Fitchburg; Chas. W. Whitecombe, Barre.

MAINE.—Dr. Benjamin Johnson, Dover.

INDIANA.—Drs. N. Sherman, Plymouth; B. J. Day, Dunaville; Milton Herndon, Crawfordsville; Thos. H. Austin, New Albany; Amos Frost, Seymour; S. B. Bushnell, Rockville; Sam'l Worth, Brownstown; Wilson Lockhart, Danville; B. D. Blackstone, Martinsville; Mathew H. Bunnell, Lebanon.

IOWA.—Drs. G. R. Henry, Burlington; J. M. Shaffer, Fairfield.

OHIO.—Drs. A. S. Weatherby, Cardington; P. H. Tering, Kenton; P. H. Clark, Ashland; A. S. Coullin, Sidney; W. Bowen, Akron.

NEW HAMPSHIRE.—Drs. Adams Moore, Littleton; Francis P. Mitch, Amherst; Sam'l J. Jarvis, Claremont; P. Spalding, Haverhill; Geo. W. Pierce, Winchester.

WISCONSIN.—Drs. Uriel, H. Peck, Ft. Howard; G. W. Burrell, Dodgeville.

MICHIGAN.—Drs. Daniel Hudson, Marshall; John W. Emory Paw Paw; H. C. Driggs, Saginaw.

VERMONT.—Dr. D. W. Hazleton, Cavendish.

Answers to Correspondents.

Dr. A. H. H., Ohio.—The price of Gross's Principles and Practice of Surgery, is \$12. We have sent you the Physician's Hand Book of Practice for 1863.

Dr. C. L. S., Wisconsin.—Your order for silk elastic stocking and surgical needles has been filled, and sent as directed. The Hand Book has been mailed, and on the receipt of the subscription price the London Lancet will be forwarded.

Dr. R. J. P., Ohio.—Your numbers have been mailed regularly. If you will write for those you have missed they shall be forwarded.

MARRIED.

BRADDOCK—PORTER.—On the 20th of November, by Rev. W. Hanna, Mr. Francis Braddock and Miss Marie, eldest daughter of Dr. William B. Porter; all of Richhill Township, Greene Co., Pa.

CHITWOOD—FRYBARGER.—On the 19th of December, by Rev. Joseph Cotton, J. Chitwood, M. D., and Miss Sophia Frybarger; all of Connersville, Ind.

CRAIG—NICHOLSON.—On the 2d inst., by Rev. Dr. James Harkness, Dr. James Craig, of Jersey City and Miss Catherine Nicholson, of Goderich, Canada West.

GOODRICH—BUTLER.—In Hartford, Conn., on Tuesday Dec. 2, by Rev. Mr. Calkins, Samuel G. Goodrich of New York City and Annie W., daughter of Dr. John S. Butler, of the former city.

HULL—DUBOIS.—On Tuesday, Dec. 9, at Calvary Church, by Rev. Horace L. E. Pratt, of Staten Island, Dr. Joseph J. Hall, of New York and Mary Delafield, eldest daughter of Cornelius Dubois, of Staten Island.

PARKINSON—GRAY.—On the 14th of October, at the residence of Dr. David Gray, by Rev. Wm. Hanna, Dr. B. Parkinson of Cameron, Va., to Miss Kate M. Gray, of Jacksonville Green Co., Pa.

DIED.

BRINCKLE.—At Grove Ville, on the 16th inst., W. D. Brinckle, M. D., of Philadelphia.

BROWNE.—In Washington, D. C., 29th ult., of congestion of the brain, George F. Browne, son of Hon. Artemas Browne, M. D., of Medway, Mass.

LANGDON.—On Dec. 4th at St. Louis, Mo., Isabella Thompson, wife of Dr. J. P. Langdon, late of Pittsburgh, Pa.

LEIGHTON.—On Wednesday Dec. 3, 1862, at Rossville, Staten Island, N. Y., of Fungus Hematodes of the right knee, Dr. Jno. A. Leighton, aged 32 years.

MARTIN.—In this city on the 8th inst., Dr. George Martin, in the 84th year of his age.

SHELTON.—At Jamaica, L. I., on Wednesday, Dec. 10, at 11 A. M., of typhoid pneumonia, John D. Shelton, M. D., in the 47th year of his age.

SKILLMAN.—At Boundbrook, N. J., on Wednesday, Dec. 10, Dr. Abraham Skillman, in the 67th year of his age.

TAYLOR.—On Monday morning, the 15th inst., of consumption, Charles H. Taylor, M. D., of this City, in the 42nd year of his age.

VOSBURG.—On the 1st inst., at Erie, Pa., Dr. Jacob Vosburg, in the 76th year of his age.

WHITE.—At his residence, Flushing, New York, on the 12th inst., Dr. Barton White, in the 87th year of his age.

NOTICE.

The 97th annual meeting of the Medical Society of the State of New Jersey will be held on the fourth Tuesday, (the 27th) of January, at Jersey City, at 7 o'clock P. M.

Delegates are required to produce their credentials.

Arrangements have been made for the accommodation of all who attend the meeting, at Noah Taylor's Hotel, next to, and south of the Jersey Ferry.

The Tuesday evening meeting will be held at the same place.

WM. PIERSON,
Rec. Sec. of M. S. of N. J.

Vital Statistics.

OF PHILADELPHIA, for the week ending Dec. 6, 1862.

Deaths—Males, 124; Females, 94: boys, 50; girls, 42. Total, 218. Adults, 126; children, 92. Under two years of age, 55. Natives, 160; Foreign, 45. People of color, 14.

Deaths in the U. S. Army Hospitals, 18.

Among the causes of death, we notice—Apoplexy, 1; convulsions, 9; croup, 8; cholera infantum, 0; cholera morbus, 0; consumption, 39; diphtheria, 7; diarrhea and dysentery, 10; droppings of head, 1; debility, 17; scarlet fever, 7; typhus and typhoid fever, 12; inflammation of brain, 3; of bowels, 4; of lungs, 15; bronchitis, 1; congestion of brain, 7; of lungs, 2; erysipelas, 2; hooping-cough, 3; marasmus, 7; small-pox, 0.

For week ending December 7, 1861..... 233

" " November 29, 1862..... 210

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2605.

OF PHILADELPHIA, for the week ending December 13, 1862.

Deaths—Males, 110; females, 97; boys, 53; girls, 51. Total 207. Adults, 103; children, 104. Under two years of age, 62. Natives, 144; Foreign, 47. People of color, 5.

Deaths in the United States Army Hospitals, 12.

Among the causes of death, we notice—Apoplexy, 3; convulsions, 8; croup, 10; cholera infantum, 0; cholera morbus, 0; consumption, 27; diphtheria, 3; diarrhea and dysentery, 7; droppings of head, 9; debility, 12; scarlet fever, 5; typhus and typhoid fever, 12; inflammation of brain, 6; of bowels, 6; of lungs, 15; bronchitis, 4; congestion of brain, 5; of lungs, 5; erysipelas, 1; hooping-cough, 1; marasmus, 9; small-pox, 1.

For week ending December 14, 1861..... 232

" " December, 6 1862..... 218

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2744.

OF NEW YORK, for the week ending Nov. 24, 1862.

Deaths—Males, 167; females, 146: boys, 100; girls, 72. Total, 313. Adults, 141; children, 172. Under two years of age, 98. Natives, 193; Foreign, 116; Colored 4.

Among the causes of death, we notice—Apoplexy, 5; infantile convulsions, 13; croup, 27; diphtheria, 16; scarlet fever, 6; typhus and typhoid fevers, 8; cholera infantum, 2; cholera morbus, 0; consumption, 49; small-pox, 0; dropsy of head, 15; infantile marasmus, 18; diarrhea and dysentery, 7; inflammation of brain, 2; of bowels, 22; of lungs, 27; bronchitis, 8; congestion of brain, 5; of lungs, 4; erysipelas, 0; hooping-cough, 0; measles, 2; 169 deaths occurred from acute disease, and 23 from violent causes.

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 2601.

OF NEW YORK, for the week ending Dec. 1, 1862.

Deaths—Males, 132; females, 170; boys, 100; girls, 96. Total, 332. Adults, 156; children, 196. Under two years of age, 127. Natives, 225; Foreign, 127; Colored, 4.

Among the causes of death, we notice—Apoplexy, 3; infantile convulsions, 20; croup, 23; diphtheria, 19; scarlet fever, 10; typhus and typhoid fevers, 6; cholera infantum, 1; cholera morbus, 0; consumption, 76; small-pox, 3; dropsy of head, 9; infantile marasmus, 18; diarrhea and dysentery, 11; inflammation of brain, 5; of bowels, 7; of lungs, 30; bronchitis, 3; congestion of brain, 12; of lungs, 7; erysipelas, 3; hooping-cough, 0; measles, 3; 186 deaths occurred from acute disease, and 28 from violent causes.

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 2313.

OF BOSTON, for the week ending Nov. 29, 1862.

Deaths—Males, 30; females, 31. Total, 61. Natives, 35; Foreign, 26.

Among the causes of death, we notice—Phthisis, 8; cholera infantum, 1; croup, 4; scarlet fever, 7; pneumonia, 6; variola, 0; dysentery, 0; typhus fever, 1; diphtheria, 2; hooping-cough, 0; convulsions, 3.

Population of Boston, 1860, 177,902. Average corrected to increased population, 76.97. Mortality, 1 in 2916.

OF BOSTON, for the week ending Dec. 6, 1862.

Deaths—Males, 50; females, 31. Total, 81. Natives, 54; Foreign, 27.

Among the causes of death, we notice—Phthisis, 20; cholera infantum, 1; croup, 6; scarlet fever, 6; pneumonia, 6; variola, 0; dysentery, 0; typhus fever, 1; diphtheria, 2; hooping-cough, 0; convulsions, 3.

Population of Boston, 1860, 177,902. Average corrected to increased population, 76.64. Mortality, 1 in 2196.

OF PROVIDENCE, R. I., for the month of Nov., 1862.

Deaths—Males, 45; females, 45. Total, 93.

Among the causes of death, we notice—Apoplexy, 2; cancer, 3; consumption, 23; diarrhea, 3; diphtheria, 6; disease of heart, 4; typhoid fever, 7; pneumonia, 7.

In addition, 13 still-born were reported.

The population of Providence in 1860, was 50,668, which gives 1 death in 545 for the month.